



Policy on Surgical Safety

Version control

Version: 01

Publishing Date: November 2013

Review Date: Within 3 years from the Publishing Date

Responsible Manager: Director for Quality Management & Nursing Development

Approved by Head of
Department Ms G. MATLAOPANE
G. Matlaopane Date: 02 / 12 / 2013

G.E. Matlaopane

Contents

| | |
|------------------------------------|---|
| Policy Aim | 3 |
| Policy Scope | 3 |
| Policy Statement | 3 |
| Roles and Responsibilities..... | 4 |
| Review and Distribution..... | 4 |
| Acknowledgements and Sources | 5 |

Policy Aim

1. The aim of this Policy is to improve surgical patient safety by ensuring adherence to proven standards of care¹.
2. The WHO² *Surgical Safety Checklist* is central to this policy and has demonstrably improved compliance with standards and decreased complications from surgery in many health organisations across the globe.
3. This Checklist is supplemented by additional steps covering teamwork, briefing & debriefing, adverse event reporting, minimising risk of surgical site infection, and performing risk assessments for venous thrombo-embolism.

Policy Scope

4. This Policy covers all surgical procedures undertaken in any hospital managed by the Department of Health, and all staff associated with performing such procedures.
5. A surgical procedure can be defined as the excision of a patient's tissue, penetration of the patient's skin or the closure of a previously sustained wound/ intervention in a 'sterile' environment e.g. operating theatre or procedure room.

Policy Statement

6. It is the Policy of the Northern Cape Department of Health that:
 - 6.1. Good teamwork and communication, which is critical to increasing patient safety in the operating theatre environment, will be enhanced by the regular use of:
 - 6.1.1. Team culture assessment tools,
 - 6.1.2. Team building techniques.
 - 6.2. Serious and largely preventable "Never Events" should not occur if suitable preventative measures are implemented in the operating theatre environment, including:
 - 6.2.1. Wrong site surgery,
 - 6.2.2. Retained instruments/swabs post-surgery.

¹ This Policy must be read in conjunction with the Procedure on 'Seven Steps to Safer Surgery'

² "WHO" means World Health Organisation

- 6.3. Team Briefing and Debriefing before and after all operating theatre lists will be used to improve care for patients in both emergency and elective surgical situations.
- 6.4. The Surgical Safety Checklist will be completed for every patient undergoing a surgical procedure and the Checklist entered in the clinical notes by a member of the team.
- 6.5. All Patient Adverse Events relating to peri-operative care will be reported, monitored and reviewed on a monthly basis by the health establishment's Clinical Governance Committee.
- 6.6. The Surgical Site Infection bundle will be implemented, monitored and reviewed in order to minimise health care associated infections during or after surgery. This bundle comprises:
 - 6.6.1. Appropriate use of prophylactic antibiotics,
 - 6.6.2. Maintenance of body temperature within normal range,
 - 6.6.3. Maintenance of glycaemic control for known diabetic patients,
 - 6.6.4. Use of recommended hair removal methods,
- 6.7. All surgical patients will be assessed for Venous Thrombo-Embolism (VTE) in order to minimise the risk of such a thrombosis.

Roles and Responsibilities

7. Each Hospital Manager will identify a clinical lead who is responsible for implementing the Policy for Surgical Safety in all operating facilities.

Review and Distribution

8. The Director for Quality Management & Nursing is the responsible manager for this Policy and for ensuring it is reviewed and updated.
9. This policy will be reviewed within 3 years but not later than 5 years of the last publication date. If necessary an updated version will be issued, if not a formal cover letter will be issued to supplement the cover of this Policy (identifying a revised publication date).
10. The Director for Policy & Planning will distribute updated versions to:
 - Member of the Executive Council for Health
 - Head of Department of Health

- All Chief Directors, Directors and Deputy Directors (who will in turn distribute to their staff as appropriate.)

Acknowledgements and Sources

11. Department of Health (RSA). National Core Standards for Health Establishments. 2011
12. Institute for Health care Improvement (USA). IHI Global Trigger Tool for measuring adverse events. 2008.
13. National Institute for Health and Clinical Excellence (UK). Surgical site infection: prevention and treatment of surgical site infection. NICE Clinical Guideline 74. 2008.
14. National Institute for Health and Clinical Excellence (UK). The management of inadvertent peri-operative hypothermia in adults. NICE guideline 65. 2008
15. National Institute for Health and Clinical Excellence (UK). Venous thrombo-embolism: reducing the risk. NICE clinical guideline 92. 2010.
16. World Health Organisation. Surgical Safety Checklist. 2009